

**Customer Profile**

All signatures on the account must sign the application beside X.

**Personal Information**~~JAYASHREE~~ ~~NIRMALA~~ ~~KISHINCHAND BHATIA~~Name of Account: ~~KISHINCHAND~~ ~~GIANGARAM BHATIA~~✓ ~~GIOPAL~~ ~~GIANGARAM BHATIA~~

Residence Address:

Personal Information

Redacted

Mailing Address:  
(If different from residence)**Passport Information**

(Please provide copies of your passport)

Name: ~~JAYASHREE~~ Nationality: INDIAN

Number:

Name: NIRMALA Nationality: INDIAN

Number:

KISHINCHAND BHATIAName: KISHINCHAND Nationality: INDIAN

Number:

GIANGARAM BHATIAName: GIOPAL Nationality: INDIAN

Number:

GIANGARAM BHATIA**Business Information**

Occupation: \_\_\_\_\_

Line of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Personal Information

Office Telephone: \_\_\_\_\_ Redacted

Telex/Fax Numbers: \_\_\_\_\_

Amex Cards:-

Personal Card No: \_\_\_\_\_

Platinum Card No: \_\_\_\_\_

Corporate Card No: \_\_\_\_\_

If U.S. Citizen or resident please enter U.S. social security number: N.A.**Bank Use Only**

Account Number: \_\_\_\_\_

CIF: \_\_\_\_\_

Details of Remittance: \_\_\_\_\_

**Joint Accounts - Individual Accounts only**

(Please indicate as appropriate)

All transactions to be concluded with or through the Bank (including the creation of any charge, assignment or other encumbrance over any monies or other property from time to time as security for the liabilities of any person) in your names and the execution of any amendment or supplement to this agreement must be authorized by the following signatories:

☒ ANY ONE of the individuals signing on this application

OR

☐ ANY TWO of the individuals signing on this application

OR

☐ ALL of the individuals signing on this application

OR

☒ OTHER (specify)JAYASHREE CANNOT EXECUTE INSTRUCTIONS  
EXCEPT FOR DEPOSIT PKGS. UNTIL SHE IS 21  
YEARS OF AGE. 16/10/04.**Bank References**

Name of Bank: \_\_\_\_\_

Full Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Full Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

American Express Bank Ltd. is hereby irrevocably and unconditionally authorized by you (the Customer) to contact the above banks in order to obtain any reference or other information required by the Bank (and for this purpose the Bank may make disclosure of such information as the Bank, in its sole discretion, consider to be relevant for its purposes).

RM in attendance: Prabir Biswas

Date of Meeting: \_\_\_\_\_

Location of Meeting: \_\_\_\_\_

### Telephone and Telefax Instructions

You authorize the Bank to accept your instructions in respect of any transaction by telephone and/or facsimile transmission in accordance with the terms of the Private Banking Services Agreement.

If you want this service all clients must sign below:

X

Print Name JAYASHREE

X

Print Name Nirmala Kishanchand  
NIRMALA KISHANCHAND BHATIA

X

Print Name K. S. Bhattacharya  
KISHANCHAND GANGARAM BHATIA

X

Print Name Gopal Gangaram Bhatia  
GOPAL GANGARAM BHATIA

### Hold Mail Instructions

You authorize the Bank to hold all correspondence relating to any account or transaction concluded with the Bank until collected by you (or in the case of a joint account by any one of you). The annual fee for such services will be as advised by the Bank from time to time.

If you want this service all clients must sign below:

X

Print Name

X

Print Name

X

Print Name

X

Print Name

### Confidentiality Waiver

You authorize the Bank to disclose details of your relationship with the Private Bank in Singapore to other American Express subsidiaries & affiliates for their confidential and internal use.

### Disclosure of Risks and Disclaimer

I confirm that I have read the section entitled "Disclosure of Risks and Disclaimer" of the Private Banking Services Agreement and fully understand it.

X

Print Name

JAYASHREE

X

Print Name Nirmala Kishanchand  
NIRMALA KISHANCHAND BHATIA

X

Print Name K. S. Bhattacharya  
KISHANCHAND GANGARAM BHATIA

X

Print Name Gopal Gangaram Bhatia  
GOPAL GANGARAM BHATIA

### Spousal Consent

I hereby consent to the charge of the assets in the account.

X

Print Name  
Spouse of:

X

Print Name  
Spouse of:

X

Print Name  
Spouse of:

X

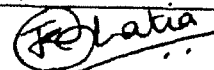
Print Name  
Spouse of:

### Exemption from U.S. Withholding Tax

I hereby confirm that for tax purposes I am not a resident or citizen of the United States of America. Accordingly I request that interest paid or credited to balances with the Bank should not be reported to the U.S. internal revenue service. I will immediately advise the Bank should I become resident or citizen of the United States of America.

All transactions to be concluded by you with or through the Bank shall be subject to the terms and conditions of this account application and the Private Banking Services Agreement. By signing this application, I acknowledge that I have received a copy of the Private Banking Services Agreement and that I have read and fully understand the terms.

**Signed, Sealed and Delivered  
By All Applicants**

X   
Print Name JAYASHREE

X Nirmala Kishancharand  
Print Name NIRMALA KISHANCHARAND BHATIA

X K. S. Bhatia  
Print Name KISHANCHARAND BHATIA


X Prashant  
Print Name GOPAL CHANDRAM BHATIA

Date \_\_\_\_\_


**Signed for American Express Bank Ltd.**


Thank you for establishing an account with American Express Bank Ltd., Singapore. The General Banking and Investment services are immediately available.

Availability of Foreign Exchange and Credit Services will be as advised to you by American Express Bank Ltd., Singapore from time to time.

In the presence of Witness:  
X   
Print Name PRABIR A. BISWAS

Date: 07.11.01

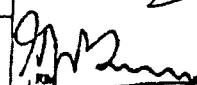

  
Richard J. Piliero  
Signed for American Express Bank Ltd.

X   
Print Name MORTEZA K. FARZANEH

Date: 07.11.01

**LETTER OF AUTHORITY - SPECIMEN SIGNATURE AND SIGNING INSTRUCTION**

The Bank is hereby authorized to accept written instructions from the following authorized signatories given in the manner specified below concerning the operation of all of my Accounts and all other matters as provided for in this document between the Bank and me. This authority is to remain in full force and binding upon me until receipt by the Bank of written instructions from me to the contrary.

Name of signatory & I.D. Card/Passport No.	AMERICAN EXPRESS BANK LTD		SIGNATURE CARD	
(1) Mr./Mrs./Miss	Title of Account(s)	Account(s) No.:	Signing Instructions <input type="checkbox"/> Single <input type="checkbox"/> Joint, Any <input type="checkbox"/> Special Instructions	
(2) Mr./Mrs./Miss	(1)	(4)		
(3) Mr./Mrs./Miss	(2)	(5)		
(4) Mr./Mrs./Miss	(3)	(6)		
(5) Mr./Mrs./Miss	Specimen Signatures			
(6) Mr./Mrs./Miss	For Internal Use Only Signature Witness By	Approved By	Date	Branch
				Singapore
	PRABIR A. BISWAS	MORTEZA K. FARZANEH		GENERAL MANAGER